

(Staple payment here)

**KENTUCKY BOARD OF LICENSURE
OF MARRIAGE AND FAMILY THERAPISTS**

(502) 564-3296 ext. 239

PO Box 1360

Frankfort, KY 40602

LICENSE RENEWAL FORM

Your Marriage and Family Therapist license expires on the date stated above. In accordance with KRS Chapter 335.330 through 335.399 and regulations governing this profession, you are required to renew your license each year with the submission of this form, a renewal fee of \$110.00 by check or money order made payable to the **Kentucky State Treasurer (DO NOT SEND CASH)** and evidence of completion of at least **fifteen (15) clock hours** of study approved for continuing education. Please list on the back of this form the hours of continuing education obtained, including course name, and complete date. **IF AUDITED PLEASE ATTACH DOCUMENTATION.** (DO NOT attach documentation unless you are audited). *You should receive your license renewal card in approximately two weeks.*

PLEASE COMPLETE THE FOLLOWING (Please print or type):

1. Note **changes in Mailing Address** if different from above:

Name: _____
Address: _____

2. Present Business Address:

3. Home Phone () _____ Business Phone () _____

4. License Number _____ Social Security Number _____

5. Have you been convicted of a felony or misdemeanor since the last renewal of your license? ____Yes ____No
If yes, what offense and give details _____

6. Has your License to be a Marriage and Family Therapist or any other professional credential in Kentucky or any other state been subject to disciplinary action? ____Yes ____No. If yes, give details,

CERTIFICATION AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure of Marriage and Family Therapists.

Date _____ Applicant's Signature _____

(Sign your name - Do not print or type)

(Please complete page 2)

Please complete the form below **INCLUDING COMPLETE DATE AND HOURS OBTAINED. Incomplete forms will be returned: (DO NOT attach documentation unless you are audited.** It is your responsibility to maintain all documentation).

Course Name	Dates Attended Month/Day/Year	Hours Earned

Do Not Write Below This Line--For Board and Office Use Only

Date Processed _____ Total CE Hours Approved _____

ICR No. _____ Verified By _____

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: _____ Date: _____

Application Denied by: _____ Date: _____

Resubmitted for review: Approved: [] Denied: [] By: _____

Date: _____

Comments: _____

